	Date:
	Practice ID#:
	Patient ID#:

Owner/Client Name:																
Patient/Pet Name:																

Species: ☐ Canine ☐ Feline ☐ Other:	Breed:	Sex: ☐ M ☐ F Age:
Veterinarian(s):	Tech:	Spay/Neuter: ☐ Yes ☐ No

ETHOS
DIAGNOSTIC SCIENCE

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CYTOLOGY

☐ 2000 Cyto with Microscopic Description

Source(s): _____

_____

_____

_____

☐ 2009 Fluid Analysis & Cytology

Source: _____

☐ 2016 CSF Cytology & Fluid Analysis

☐ 2010 Bone Marrow Cytology ☐ with CBC

HISTOPATHOLOGY

☐ Full Biopsy (Microscopic Description, Diagnosis, Comment)

☐ Mini Biopsy (Diagnosis, Comment)

☐ Dermatopathology

Number of Containers Submitted: _____

Number of Specimens Submitted: _____

Previous Biopsy/Cytology Submitted: ☐ Yes ☐ No

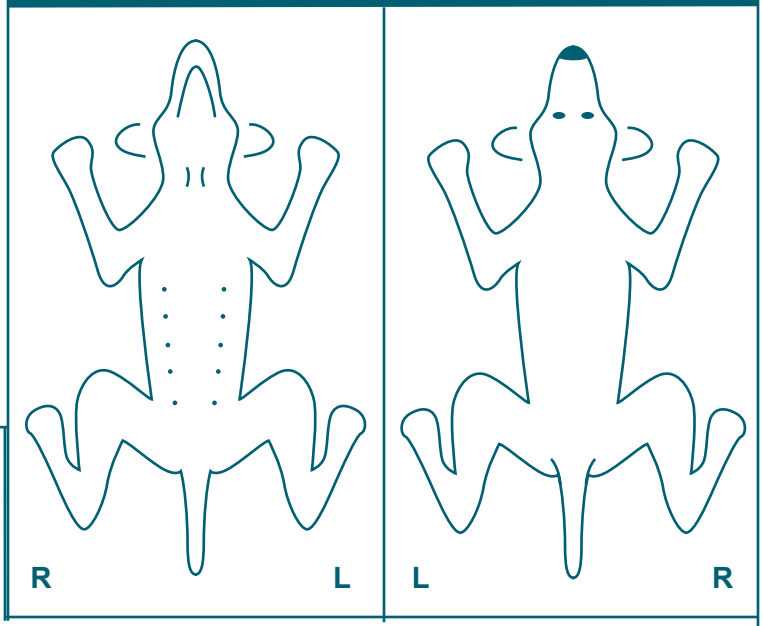
Accession Number: _____

Source/Site:	***Evaluate Margins:***
1. _____	☐ Yes ☐ No
2. _____	☐ Yes ☐ No
3. _____	☐ Yes ☐ No
4. _____	☐ Yes ☐ No
5. _____	☐ Yes ☐ No
6. _____	☐ Yes ☐ No

HISTORY

Please Provide the Patient History:

LOCATION



LAB USE ONLY:

CLR _____ APP _____

TP _____ SG _____

_____ 8mL Formalin Jar _____ 12mL Formalin Jar _____ 90mL Formalin Jar _____ Misc Jar _____ Fresh Tissue Sample

_____ Unstained slides _____ Stained slides _____ LTT _____ RTT _____ Other